

Covered Services

Personal care services are covered when provided by a Medicaid-certified personal care provider to an eligible Wisconsin Medicaid recipient according to the policies and procedures in this handbook.

Wisconsin Medicaid Covers Personal Care Services

As specified in HFS 107.112, Wis. Admin. Code, Wisconsin Medicaid covered personal care services are medically oriented activities related to assisting a recipient with activities of daily living necessary to maintain the recipient in his or her place of residence in the community.

Personal care services are covered when provided by a Medicaid-certified personal care provider to an eligible Wisconsin Medicaid recipient according to the policies and procedures in this handbook.

Covered services are required to have written orders of a physician and a written Plan of Care (POC). All covered personal care services provided must be supervised by a registered nurse (RN) supervisor. The services must be medically necessary and be provided by individuals who are trained in a manner that is in compliance with licensing and certification requirements.

Medical Necessity

Medical necessity is the basic requirement for all Wisconsin Medicaid services, including personal care services, according to HFS 106.02(5), Wis. Admin. Code.

According to HFS 101.03(96m), Wis. Admin. Code, “medically necessary” means a medical assistance service under ch. HFS 107, Wis. Admin. Code, that is required to prevent, identify or treat a recipient’s illness, injury or disability, and meets the following standards:

1. Is consistent with the recipient’s symptoms or with prevention, diagnosis or treatment of the recipient’s illness, injury or disability.

2. Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider and the setting in which the service is provided.
3. Is appropriate with regard to generally accepted standards of medical practice.
4. Is not medically contraindicated with regard to the recipient’s diagnoses, the recipient’s symptoms or other medically necessary services being provided to the recipient.
5. Is of proven medical value or usefulness and, consistent with s. HFS 107.035, is not experimental in nature.
6. Is not duplicative with respect to other services being provided to the recipient.
7. Is not solely for the convenience of the recipient, the recipient’s family or a provider.
8. With respect to prior authorization of a service and to other prospective coverage determinations made by the department, is cost-effective compared to an alternative medically necessary service which is reasonably accessible to the recipient.
9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

Covered Personal Care Services

According to HFS 107.112(1)(b), Wis. Admin. Code, Wisconsin Medicaid will reimburse a personal care provider for the following medically necessary services. Refer to the Limitations to Covered Services chapter of this section for information on limitations to covered services.

Assistance with Activities of Daily Living

These tasks are:

- Assistance with getting in and out of bed.
- Toileting, including use and care of bedpan, urinal, commode, or toilet.
- Assistance with bathing.
- Assistance with feeding.
- Teeth, mouth, denture, and hair care.
- Assistance with dressing and undressing.
- Care of eyeglasses and hearing aids.
- Assistance with mobility and ambulation, including use of walker, cane, or crutches.
- Simple transfers, including bed-to-chair or wheelchair and reverse.
- Skin care, excluding wound care.

Supervision, cueing, or prompting of a recipient, when that is the only service provided, is not separately reimbursable.

Assistance with Housekeeping Activities

The following activities are covered services:

- Changing the recipient's bed and laundering the bed linens and the recipient's personal clothing.
- Light cleaning in essential areas of the home used during personal care service activities.
- Meal preparation, food purchasing, and meal serving. Wisconsin Medicaid reimburses for the time it takes a personal care worker (PCW) to go to and from the recipient's home for groceries and supplies. The time spent for this is considered a personal care service, not travel time, for prior authorization (PA) and billing purposes.

Accompanying the Recipient to Medical Appointments

The PCW may accompany the recipient to physician or therapy appointments for diagnosis or treatment. Time spent by the PCW accompanying the recipient to a medical appointment is considered personal care, not travel time.

Assistance with Medically Oriented Tasks

Medically oriented tasks generally are those tasks supportive of nursing care that require special medical knowledge or skill. These tasks are covered personal care services according to HFS 107.112(2)(b), Wis. Admin. Code. Medically oriented tasks must be delegated to a trained PCW by an RN. Criteria for delegating tasks are located in Appendix 1 of this handbook section. Examples of medically oriented tasks are located in Appendix 2.

Travel Time

Wisconsin Medicaid reimburses personal care providers for *reasonable* travel time of the PCW. This is never more than the actual time, rounded to the nearest 30-minute increment, that the PCW spends traveling to and from the recipient's residence and one of the following locations:

- The previous or following personal care appointment.
- The PCW's residence.
- The provider's office.

Regardless of the transportation chosen (walking, biking, taking the bus, etc.), reasonable travel time for a PCW is always defined as the average time it would take to drive the shortest possible distance by car. Wisconsin Medicaid does not cover excessive travel time due to an individual worker's transportation choices, such as a lengthy bus ride.

Wisconsin Medicaid does not reimburse for travel time of the PCW between appointments when separate appointments are in the same building.

Providers should not bill twice for the same trip, even if the reimbursement comes from separate payment sources.

Multiple round trips to a single recipient's home in a day are not covered unless it is medically necessary to provide the care at

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separate intervals and the PCW must physically leave the home between those intervals.

Providers are required to schedule PCW visits to minimize travel time so that the service is delivered in the most cost-effective manner, according to HFS 101.03(96m), Wis. Admin. Code.

Registered Nurse Supervisory Visits

Wisconsin Medicaid will reimburse personal care providers for an RN supervisor to supervise the PCW every 60 days. To allow flexibility in scheduling, a supervisory visit is reimbursable every 50 to 60 days per provider, per recipient. Refer to the General Information section of this handbook for more information on supervisory visits.

Exception to RN Supervision Every 60 Days

In uncommon instances, there may be medically necessary reasons for conducting RN supervisory visits of the PCW more often than once every 60 days if the recipient is medically unstable and receiving skilled care. For Medicaid reimbursement, these visits must be medically necessary. Reimbursement for these RN supervisory visits is limited to one visit per month, per provider, per recipient according to HFS 107.112(3)(d), Wis. Admin. Code.

If a provider bills Wisconsin Medicaid for a supervisory visit more frequently than every 50 to 60 days, the provider is required to document in the medical record the medical necessity for the visit. Refer to the Billing section of this handbook for the appropriate procedure code to use when billing personal care supervisory visits.

Case Sharing

In instances of case sharing, each personal care provider is responsible for supervision of its own PCW(s) by an RN supervisor. Each provider may be reimbursed by Wisconsin Medicaid for RN supervisory visits according to the above guidelines.

Disposable Medical Supplies

Disposable medical supplies (DMS) are medically necessary items, which have a very limited life expectancy and are consumable, expendable, disposable, or nondurable. These supplies are covered services only when prescribed by a physician according to HFS 107.24, Wis. Admin. Code.

All DMS primarily serve a medical purpose and are not useful to a person without an illness or injury. The item must be necessary and reasonable for treating an illness or injury, or for improving the function of a malformed body member, and must be suitable for use in the recipient's place of residence.

When providing DMS, take note of the following guidelines:

- Personal care providers may be reimbursed for DMS, but not for durable medical equipment (DME) or nutritional food supplements. Refer to the DMS Index for Medicaid-covered DMS and monthly limitations.
- Any Medicare-covered DMS for Wisconsin Medicaid recipients who are eligible for Medicare must first be billed to Medicare.
- All Occupational Safety and Health Administration-mandated and other infection-control supplies are included in the Wisconsin Medicaid reimbursement for personal care services. These costs may not be reimbursed separately or billed to the recipient.